LAKE COUNTY EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith.

It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each additional** sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. **LATE**, **INCOMPLETE or UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (C) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the Persons with Disabilities Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

MI.

First

2. What position are you applying for?

(See Job Vacancy Announcement.)

1. Name

Last

	Street			Position Title
City	State		Zip Code	Job Location
Phone No				
	Work	Home		
true, correct and	complete to the bes	st of my know	ledge and cont	all attached pages (checked below) are ain no willful falsifications or qualify me from consideration for
true, correct and misrepresentatio employment wit	complete to the besons. Falsifications on the County or, if I references. In the sp	st of my know r misrepresent hired, may be	rledge and cont cations may dis- grounds for ter	

4. EDUCATION : You n for which you are applyin						name and job title
High School Name and A	ddress:					
Received Diploma or Equ	nivalency Certificate	e? Yes No If "	No," enter high	nest grade con	npleted	
College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/ Certificate Received?	Degree/ Certificate Date	Major/ Minor Field	Indica	its Earned- ate Quarter ester Credits
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5. List current Profession Licensi	nal Licenses, Registring Agency:	tration, or Certificat Type		ring, medical, dorsement/Res		Date
Name and Location		Licen		applicab	le	Licensed
6. List other skills, edu know how to use. (If yo	cation, experienc ou need more space	e and abilities be	low. You may	y also includ eet of paper.)	e a list of equ	nipment that you

7. **EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. You may continue this section on a separate sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet.

This information must be completed even if a resume is submitted. **Notice to applicants:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes No Name & Complete Address of Employer Your Job Title____ Business______ Dates Employed_____/____to____/___
Immediate Supervisor(s)______ Phone No._____ Type of Business___ Total Time Employed _____ Yrs/Mo Avg. Hrs. Per Week_____ Full-time Part-time Volunteer Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments Reason for Leaving:_____ Name & Complete Address of Employer Your Job Title_____ ______ Dates Employed_____/____to____/____ Type of Business___ Immediate Supervisor(s)_____ Phone No.__ Avg. Hrs. Per Week_____ Total Time Employed _____ Yrs/Mo Full-time Volunteer Part-time Describe your duties including knowledge, skills, abilities required, employees supervised, accomplishments Reason for Leaving:

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